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PRINTED: 12/14/2017 FORM APPROVED

STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115 SUMMARY STATEMENT OF DEPICIENCIES EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 831 1200-8-6-08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings included: 1. Observation on 12/11/2017 at 10:04 AM, revealed two penetrations one by metal-clad cable penetration and one by 1 ½ metal pipe in the 1 hour gypsum celling of the first prom. 2. Observation on 12/11/2017 at 10:20 AM, revealed a protective cover missing on the door hardware of the cross corridor door by room 41. 3. Observation on 12/11/2017 at 10:20 AM, revealed 2 improper gypsum patches (blow out patches) in the fire rated ceiling of the emergency food storage room. NFPA 101, 8.3.1.2* (2012 Edition) A Observation on 12/11/2017 at 12:45 PM, will be presented to inspect integrity and existence, any issue found non-compliant will be presented to QAPI committee and non-compliant will be presented to QAPI committee for review and resolution. 13. The 2 improper gypsum patches (blow out patches) in the fire rated ceiling of the emergency food storage room. NFPA 101, 8.3.1.2* (2012 Edition) 4. Observation on 12/11/2017 at 12:45 PM, will be audited annually for proper application. Any issues found non-compliant will be united annually for proper application. Any issues found non-compliant will be united annually for proper application. Any issues found non-compliant will be united annually for proper application. Any issues found non-compliant will be united annually for proper application.	AND PLAN OF CORRECTION IDENTIFICATI		(X1) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED 12/13/2017	
A31 LARKIN SPRING RD MADISON. TN 37115 SUMMARY CTATEMENT OF DEFICIENCISS. PREFEX (EACH DEFICIENCY MUST BE PRECEDED by POLL REGULATORY OR LSG (DENTEYMING INFORMATION) N 831 1200-8-608 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings included: 1. Observation on 12/11/2017 at 10:04 AM, revealed two penetrations one by metal-clad cable penetration and on by 1 ½ metal pipe in the hour physical plant and overall environment. 2. Observation on 12/11/2017 at 10:04 AM, revealed a penetration on and one by 1 ½ metal pipe in the 1 hour gypsum celling of the riser room. 2. Observation on 12/11/2017 at 10:20 AM, revealed a protective cover missing on the door herdware of the cross corridor door by room 41. 3. Observation on 12/11/2017 at 11:201 AM, revealed 2 Improper gypsum patches (blow out patches) in the fire rated ceiling of the emergency food storage room. NFPA 101, 8.3.1.2* (2012 Edition) 4. Observation on 12/11/2017 at 12:45 PM, will be presented to 0.AP in spect integrity and existence of gypsum patches in the fire rated ceiling of the emergency food storage room. NFPA 101, 8.3.1.2* (2012 Edition) 4. Observation on 12/11/2017 at 12:45 PM, will be sufficed annually for proper application. Any issues found non-compliant will be audited annually for proper application. Any issues found non-compliant will be usefuled annually for proper application. Any issues found non-compliant will be usefuled annually for proper application. Any issues found non-compliant will be usefuled annually for proper application. Any issues found non-compliant will be usefuled annually for proper application. Any issues found non-compliant will be usefuled annually for proper application. Any iss			TN1916				
MADISON, TN 37415 SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES TAG N 831 1200-8-6-08 (1) Building Standards N 831 1200-8-6-08 (1) Building Standards N 831 (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings Included: 1. Observation on 12/11/2017 at 10:04 AM, revealed by penetration and one by 1 ½ metal plps in the 1 hour gypsum celling of the riser room. 2. Observation on 12/11/2017 at 10:20 AM, revealed 2 improper gypsum patches (blow out patches) in the fire rated celling of the emergency food storage room. NFPA 101, 8.3.1.2* (2012 Edition) MADISON, TN 37415 PROVIDERS PLAN OF CORRECTION (CACH) AND PROPORTIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION SHOULD BE CAME. THE REPOSED OF THE APPROPRIATE DEFICIENCY TAG N 831 1200-8-6-08 (1) Building Standards N 831 N 831 N 831 N 831 N 831 N 831 1.1. Beth penetrations one by metal-clad cable penetration and prompt by 1/3/918 in TELS system to inspect integrity and existence of metal-clad cable penetration and prompt by 1/3/918 in TELS system to inspect integrity and existence. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes. 1.2. Practice very engal by 1/19/18. 1715 system to inspect integrity and existence. Any issues found non-compliant will be presented to QAPI committee for review and resolution. The 2 improper gypsum patches (blow out patches) in the fire rated celling of the emergency food storage room were repared by 1/2/2/17. In 12.3. Facility will initiate annual prompt by 1/3/918 in TELS system to inspect integrity and existence. Any issues found non-compliant will be presented to QAPI committee for review and resolution. The 2 improper gypsum patc	IAME OF	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY,	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PREFIX PROPERTY CATION SHOULD BE CANDERS PLAN OF CORRECTION COMMITTEE PREFIX PREFIX CANDERS PLAN OF CORRECTION COMMITTEE CANDERS PROPRIATE CANDERS PRO	IGNAT	JRE HEALTHCARE O	E MADISON			18	
(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings included: 1. Observation on 12/11/2017 at 10:04 AM, revealed two penetration on by 1 ½ metal pipe in the 1 hour gypsum celling of the riser room. 2. Observation on 12/11/2017 at 10:20 AM, revealed a protective cover missing on the door herdware of the cross corridor door by room 41. 3. Observation on 12/11/2017 at 11:01 AM, revealed 2 Improper gypsum patches (blow out patches) in the fire rated ceiling of the emergency food storage room. NFPA 101, 8.3.1.2* (2012 Edition) N 631 Building standards 1. Both penetrations one by metal-clad cable penetrations and on by 1 in such penetration and on by 1/3/18 1.1. Both penetrations one by metal-clad cable penetration and on by 1/3/18 1.1. Both penetrations one by metal-clad cable penetrations and by the facility of the fire room as repaired on 1/3/18 by regional plant ops director. 1.1.3. Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence. Any little annual prompt by 1/19/18 in TELS system to inspect integrity and existence. Any little did to entire the committee for review and resolution. 1. Observation on 12/11/2017 at 11:01 AM, revealed 2 Improper gypsum patches (blow out patches) in the fire rated ceiling of the emergency food storage room. NFPA 101, 8.3.1.2* (2012 Edition) 1. Observation on 12/11/2017 at 12:45 PM, will be reserved to QAPI committee for review and existence of Nyll initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of Nyll initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of Nyll initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of Ny	PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
revealed an HVAC duct penetrating the celling in the maintenance shop without a fire damper. NFPA 101, 8.3.5.7 (2012 Edition) NFPA 101, 9.2.1 (2012 Edition) NFPA 90A, 5.3.3.1 (2012 Edition) 5. Observation on 12/11/2017 at 12:56 PM,		(1) A nursing home maintain the condition the overall nursing manner that the sall residents are assured that the sall residents in the physic environment. The findings included the sall revealed two penetration on the sall revealed a protective hardware of the crossing sall revealed a protective sall revealed a protective sall revealed a protective sall revealed and the s	shall construct, arrange, and lon of the physical plant and home environment in such a fety and well-being of the ed. et as evidenced by: ons, the facility failed to all plant and overall ed: 2/11/2017 at 10:04 AM, rations one by metal-clad and one by 1½ metal pipe in ceiling of the riser room. 2/11/2017 at 10:20 AM, e cover missing on the door ss corridor door by room 41. 2/11/2017 at 11:01 AM, r gypsum patches (blow out rated ceiling of the emergency NFPA 101, 8.3.1.2* (2012) 2/11/2017 at 12:45 PM, fluct penetrating the ceiling in op without a fire damper. 2012 Edition) NFPA 101, NFPA 90A, 5.3.3.1 (2012)	N 831	Building Standards 1. 1.1. Both penetrations one by metal-clar penetration and on by 1 ½ metal pipe in the hogypsum ceiling of the riser room was repaired of 1/5/18 1.1.1. No residents were affected 1.1.2. Administrator, Maintenance director maintenance assistant education complete on by regional plant ops director. 1.1.3. Facility will initiate annual prompt bf 1/19/18 in TELS system to inspect integrity and existence of metal-clad cable penetration. Any found non-compliant will be presented to OAPI committee for review and any systematic changes of the cross corridor door by room 41 on order expecting delivery and repair by 1/19/18. 1.2.1. No residents were affected 1.2.2. Administrator, Maintenance director maintenance assistant education complete on by regional plant ops director. 1.2.3. Facility will initiate monthly prompt 1/19/18 in TELS system to inspect integrity and resolution. 1.3. The 2 improper gypsum patches in the rated ceiling of the emergency food storage roor repaired by 12/28/17. 1.3.1. No residents were affected 1.3.2. Administrator, Maintenance director maintenance assistant education complete on by regional plant ops director. 1.3.3. Facility will initiate annual prompt bf 1/19/18 in TELS system to inspect integrity and existence of gypsum patches will be audited an for proper application. Any Issues found non-cowill be presented to QAPI committee for review any systematic changes. 1.4. HVAC duct penetrating the ceiling in maintenance shop without a fire damper order installed by 1/19/18. 1.4.1. No residents were affected	our on, 1/8/18 y I Issues I ges, rdware	126/16

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 12/13/2017	
		TN1915				
	PROVIDER OR SUPPLIER JRE HEALTHCARE OF	E MADISON 431 LARE	(IN SPRING			
JIONAN		MADISON	V, TN 37115	PROVIDER'S PLAN OF CORRECT	ON I we	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies Must be preceded by full SC identifying information)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL OROSS-REFERENCED TO THE APPRODEFICIENCY)	DBE COMPLET	
	Continued From page 1 revealed a penetration not sealed properly by a bundle of wires in the fire rated concrete block wall by room 38. NFPA 101, 8.3.5 (2012 Edition) 6. Observation on 12/11/2017 at 12:57 PM, revealed the fire rated block wall by room 38 was not properly sealed at the deck. NFPA 101, 8.3.6.5* (2012 Edition) 7. Observation on 12/11/2017 at 1:09 PM, revealed a penetration by a metal-clad wire and a penetration by an insulted pipe not sealed in the fire rated concrete block wall by room 20. NFPA 101, 8.3.5 (2012 Edition) 8. Observation on 12/11/2017 at 1:10 PM, revealed the fire rated concrete block wall by room 20 was not sealed at the deck. NFPA 101, 8.3.6.5* (2012 Edition) 9. Observation on 12/11/2017 at 1:16 PM, revealed the fire rated concrete block wall by room 28 was not sealed at the deck. NFPA 101, 8.3.6.5* (2012 Edition) Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 12/11/2017.			maintenance assistant education complete of by regional plant ops director. 1.4.3. Facility will initiate annual prompt 1/19/18 in TELS system to inspect integrity are existence of all fire dampers. Any issues found compliant will be presented to QAPI committereview and any systematic changes. 1.5. Penetration not sealed properly by of wires in the fire rated concrete block wall to 38. Repairs have been made by 1/12/18 1.5.1. No residents were affected 1.5.2. Administrator, Maintenance direct maintenance assistant education complete of by regional plant ops director. 1.5.3. Facility will initiate annual prompt 1/19/18 in TELS system to inspect integrity are existence. Any issues found non-compliant will presented to QAPI committee for review and systematic changes. 1.5.4. Fire rated block wall by room 38 will properly sealed at the deck. By 1/26/2018, the will be completed by certified vendor using 31 engineering Judgement number 588439 that on assembly HW-0-0441. No residents were a 1.5.5. Administrator, Maintenance direct maintenance assistant education complete or by regional plant ops director. 1.5.6. Facility will initiate annual prompt	by id id non-ee for in a bundle by room in 1/8/18 by id ill be any as not e repairs whitestop s based ffected for, in 1/8/18 by	
				1/19/18 in TELS system to inspect integrity an existence of all sealed gaps at the deck. Any is found non-compliant will be presented to QA committee for review and any systematic cha 1.6. Penetration by a metal-clad wire a penetration by an insulated pipe not sealed in rated concrete block wall by room 20 has bee as of 1/11/18. 1.6.1. No residents were affected 1.6.2. Administrator, Maintenance direct maintenance assistant education complete or by regional plant ops director. 1.6.3. Facility will initiate annual prompt 1/19/18 in TELS system to inspect integrity and penetration by a metal-clad and penetration by an insulated pipe. Any issues frompliant will be presented to QAPI committer review and any systematic changes. Continued on next page (attachment)	sues pl nges nd a the fire n repaired or, 1/8/18 by d	

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- 1.7 Fire rated block wall by room 20 was not properly sealed at the deck. By 1/26/2018, the repairs will be completed by certified vendor using 3M firestop engineering judgement number 588439 that is based on assembly HW-D-0441.
- 1.7.1 No residents were affected
- 1.7.2 Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.
- 1.7.3 Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of all sealed gaps at the deck. Any issues found noncompilant will be presented to QAPI committee for review and any systematic changes.
- 1.8 Fire rated block wall by room 28 was not properly sealed at the deck. By 1/26/2018, the repairs will be completed by certified vendor using 3M firestop engineering Judgement number 588439 that is based on assembly HW-D-0441.
- 1.8.1 No residents were affected
- 1.8.2 Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.
- 1.8.3 Facility will initiate annual prompt by 1/19/18 in TELS system to Inspect integrity and existence of all sealed gaps at the deck, Any Issues found noncompliant will be presented to QAPI committee for review and any systematic changes.